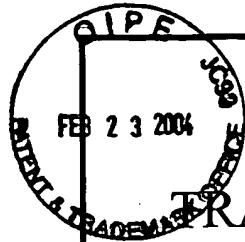


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**TRANSMITTAL
FORM**

1 P 5	Application Serial Number	10/017,703
	Filing Date	December 14, 2001
	First Named Inventor	Payne
	Group Art Unit	2671
	Examiner Name	Nguyen, Kimbinh T.
	Attorney Docket No.	SNS-009A
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 2 Checks Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets 11] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

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MAR 01 2004

Technology Center 2600

CORRESPONDENCE ADDRESS**SIGNATURE BLOCK**

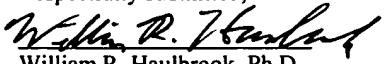
Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

Date: February 23, 2004
 Reg. No.: 53,002
 Tel. No.: (617) 310-8427
 Fax No.: (617) 248-7100

Respectfully submitted,

William R. Haulbrook, Ph.D.
 Attorney for Applicant
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

<p style="text-align: center;">FEE TRANSMITTAL FEB 23 2004 SFY 2004</p>		RECEIVED	
		Complete if Known	
		Application Serial Number	10/017,703
		Filing Date	December 14, 2001
		First Named Inventor	Payne
		Group Art Unit	2671
		Examiner Name	Nguyen, Kimbinh T.
Attorney Docket No.	SNS-009A		
MAR 1 2004			

METHOD OF PAYMENT		FEE CALCULATION (continued)		
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES		
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity	Small Entity	Fee Description
3. <input checked="" type="checkbox"/> Applicant claims small entity status.		Fee (\$)	Fee (\$)	Fee Paid
FEE CALCULATION				
1. FILING FEE				
Large Entity				
Fee (\$)	Fee Description	Fee Paid		
770	Utility filing fee			
340	Design filing fee			
160	Provisional filing fee			
Number Filed	Number Extra	Rate	Amount	
Total Claims	- 20 =	x \$ 18.00 =		
Independent Claims	- 3 =	x \$ 86.00 =		
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$290.00 =		
TOTAL:				
SMALL ENTITY DISCOUNT:				
SUBTOTAL (1)		(\$)		
0		0		
2. AMENDMENT CLAIM FEES				
Claims Remaining	Highest No. Previously	Present Extra	Rate	Fee Paid
After Amend.	Paid For			
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 86.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =	
TOTAL:		(\$)		
SMALL ENTITY DISCOUNT:		(\$)		
SUBTOTAL (2)		(\$)		
0		0		
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK		
Direct all correspondence to:		Respectfully submitted,  William R. Haulbrook, Ph.D. Attorney for the Applicant Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		